



Work Order (Bid Form)

WORK ORDER INFORMATION

Work Order Name: WO/20002BR0171/1

Work Order Type: Weatherization

Audit Name: 20002BR0171

CLIENT INFORMATION

Client Name:

Address:

Client ID: 20002BR0171

Alt. Client ID: Bradley

AGENCY INFORMATION

Agency: Bradley-Cleveland Community Services Agency

Agency Phone: (423) 479-4111

Address: P.O. Box 3297, 155 Sixth Street, S.E.
Cleveland, TN 37320

Fax: (423) 479-4113

Email Address:

Agency Contact: Daugherty, Sam

Work Phone:

Cell Phone: (865) 207-0215

Email Address: samdaugherty@charter.net

Company Name & License Number: _____

Contractor's Signature: _____

COMMENT

brick house w/gas heat
Certified Firm/Renovator Required

Client Name:

Client ID: 20002BR0171

Alt. Client ID: Bradley

Work Order (Bid Form)

Work Order Name: WO/20002BR0171/1

Report Run On: 5/27/2010

DOE Weatherization Assistant

Version 8.5.0

Page 1 of 5

Measures

Measure		Lead Safety APA/RRP		Components						Inspected
Comment										
		Estimated				Actual				
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total	
7	Health and Safety Items	Lead safe practice								
Other Detail										
Measure Sub Total:							Sub Total:			
Field Notes:										

Measure 1		Infiltration Redctn		Components						Inspected
Comment										
		Estimated				Actual				
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total	
10	Miscellaneous Supplies	Infiltration Reduction	Each	1						
Other Detail										
Measure Sub Total:							Sub Total:			
Field Notes:										

Client Name:

Client ID: 20002BR0171

Alt. Client ID: Bradley

Work Order (Bid Form)

Work Order Name: WO/20002BR0171/1

Report Run On: 5/27/2010

DOE Weatherization Assistant

Version 8.5.0

Page 2 of 5

Measure 2 DWH Tank Insulation				Components				Inspected	
Comment									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Hot Water Equipment	DHW Tank Insulation	Each	1					
2	Labor	DHW Tank Insulation	Each	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 3 Floor Ins. R-19				Components				Inspected	
Comment				cs-1					
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Floor Insulation - Fiberglass Batts - R-19	SqFt	2200					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 4 CO Monitor is Needed**Components****Inspected****Comment** 2 each 1 in lr, 1 in hall☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	CO monitor	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:****Measure 5 Fix Improper Venting (Clothes Dryer)****Components****Inspected****Comment** Replacement by Linear Foot. Replac e vinyl hose w/flex metal☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Equipment	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:**

Client Name:

Client ID: 20002BR0171

Alt. Client ID: Bradley

Work Order (Bid Form)

Work Order Name: WO/20002BR0171/1

Report Run On: 5/27/2010

DOE Weatherization Assistant

Version 8.5.0

Page 4 of 5

Measure 6 Smoke Detector is Needed**Components****Inspected****Comment** replace the one in the hallway☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Smoke detector	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total: **Sub Total:** **Field Notes:****Work Order Grand Total:** **Grand Total:**

Client Name:

Client ID: 20002BR0171

Alt. Client ID: Bradley

Work Order (Bid Form)

Work Order Name: WO/20002BR0171/1

Report Run On: 5/27/2010

DOE Weatherization Assistant

Version 8.5.0

Page 5 of 5